

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: SPECTACLE FRAME WITH OVER-
OPENING ABOUT A SHIFTED BEARING
POINT
Attorney Docket Number:: 0523-1020
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 5
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: RICHARD
Middle Name::
Family Name:: CHENE
Name Suffix::
City of Residence:: NEUILLY SUR SEINE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 137 BOULEVARD KOENIG
Address::
City of Mailing Address:: NEUILLY SUR SEINE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 92200

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: DOMINIQUE
Middle Name::
Family Name:: DELAMOUR
Name Suffix::
City of Residence:: LES MESNULS
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 44 RUE DE LA MILLIERE
Address::
City of Mailing Address:: LES MESNULS

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 78490

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: OLIVIER
Middle Name::
Family Name:: RODI
Name Suffix::
City of Residence:: GAMBAIS
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 17 RUE DU CHATEAU TROMPETTE
City of Mailing Address:: GAMBAIS
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 78950

Correspondence Information

Correspondence Customer Number:: 00466

Representative Information

Representative Customer Number::	00466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2004/001489	6/16/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	03/07454	6/20/03	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::